UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 7/12/0/ 2 Serial/Patent # 10/52/782						
3 Please refund the following fee(s):		4 PAF	PER IBER	5 DATE FILED	6 AMOUNT	
X	Filing				\$	
	Amendment		_		\$	
	Extension of Time		·		\$	
	Notice of Appeal/Appeal				\$	
	Petition				\$	
	Issue				\$	
٠	Cert of Correction/Terminal Disc.				\$	
•	Maintenance				\$	
	Assignment				· \$	
	Other				\$	
· One		7 TOTAL AMOUNT OF REFUND			\$	
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
χ	Overpayment		C	redit Dep	osit A/C #:	
	Duplicate Payment		9			
	No Fee Due (Explanation):		-			
Refunded to credit card						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME:			TITLE:			
SIGNATURE:			PHONE:			
OFFICE: ***********************************						
APPROVED: DATE:						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B